



JIM DOYLE
GOVERNOR
STATE OF WISCONSIN

November 16, 2005

Dr. Blane Christman
Ladysmith Dental Center
315 Miner Avenue West
Ladysmith, WI 54848-1725

Dear Blane:

Thank you for serving as chair of the Governor's Task Force to Improve Oral Health. Access to oral health care in Wisconsin is one of the state's most pressing issues and I appreciate the time and effort you put into forming the Task Force's recommendations.

I signed the 2005-07 budget in July. As you know, my budget included additional funding for the Seal-A-Smile and the Donated Dental programs. There is also funding for growth in technical college dental programs and for a dental clinic in Chippewa Falls.

At the same time, we have been working administratively on changes to rules that will simplify our Medicaid claims process and expand the health care professionals able to make claims. The state is currently reimbursing doctors who are doing fluoride varnishes and hygienists employed by HealthCheck nursing agencies. The Department of Health and Family Services is currently reviewing input from public hearings and the Legislation on the rule changes that will certify hygienists as Medicaid providers and decrease paperwork for prior authorizations.

Finally, I want to give you an update on several initiatives related to access to oral health. Along with continuing to develop the oral health programs in the KidsFirst Initiative, I am taking action on several of your recommendations that do not require budget or legislative action.


- There is still a lack of understanding that oral health is an important component of total health. DHFS and DPI worked in the past to develop a basic oral health curriculum for K-12 education. I have directed DHFS to continue to collaborate with DPI to make this recommended curriculum more widely available to school districts.
- I have asked DHFS to work to expand patient and dental community education programs, such as Milwaukee Children's Hospital's Clear Path program, that help clients and care providers understand each other's responsibilities and constraints.

- The UW Medical School Office of Rural Health has hired staff to focus on dental recruitment. Their efforts will hopefully have a role in helping our state's safety net clinics recruit their dental workforce. I agree with your recommendation but I also think we need to focus on developing local solutions -- possibly through presentations on how to recruit dentists to local chambers and economic development organizations. DHFS and Commerce will work with the UW to identify effective techniques to strengthen our efforts in this area.
- I agree that it is important to work with the Wisconsin Dental Association on expanding the number of presentations they do on the skills needed to provide oral health care to small children. In the long term, we need to work with the Marquette School of Dentistry to encourage more training in pediatric care, even for general practice dental students.
- The Department of Health and Family Services recently participated in a Center for Health Care Strategies' Purchasing Institute on Best Practices for Oral Health Access, funded by Robert Wood Johnson charities. The Wisconsin team includes DHFS Medicaid staff; Carrie Stempski, who served on the task force; and Eric teDuits, a pediatric dentist who spoke at the public hearing. They met with a variety of national experts on dental purchasing to form a plan to 1) reform our dental delivery system, 2) improve oral health interventions, and 3) expand our oral health workforce. The results of this strategy session are likely to guide our actions on the Task Force's carve-out recommendation.
- The first step in making sure that eligible patients get a dental appointment is getting them and their health care providers the information necessary to get the care they need, such as the contact information for the HMO ombudsman and the facts about care guarantees. I have asked DHFS to publicize this information in easily accessible formats, including on the web. If individuals are still unable to access care, the information will also include a complaint form that will improve awareness of the problem areas and help individuals who are not getting care.
- I will continue to work for changes that expand and maximize the effectiveness of our dental health workforce, including expanded settings for dental hygienists.
- It makes sense to change the age of the Early and Periodic Screening, Detection, and Treatment – HealthCheck first screening to age 1. Again, in the long term, we need to focus on training more dentists to care for young children.
- DHFS is actively working with all health care providers to integrate oral health into health care practice. I have asked DHFS oral health consultants and staff to expand these efforts with additional training and presentations at professional association conferences and other events.

- Local health departments are well aware of the need for improved oral health services and prevention but DHFS needs to continue to present the importance of holistic health care, including oral health. DHFS has already seen an increase in oral health consolidated contract objectives from local public health departments since the issue was raised by the task force.
- I have asked DHFS to partner with the Technical colleges to explore the feasibility of developing an advanced practice dental hygienist education program in Wisconsin.
- I will continue to work with our federal representatives to gain their support of oral health funding and legislative initiatives. Senator Feingold has introduced legislation that would provide at least \$10 million in grants to States to help them develop innovative dental workforce development programs. States could use these grants to fund loan forgiveness and repayment programs, to establish or expand mobile, community or school-based dental facilities, or to assist in their recruitment and retention efforts.
- To help us expand oral health services, I have asked DHFS to explore the possibility of private funding from foundations to increase the hours of regional oral health staff, to purchase portable equipment, or to fund a school based oral health pilot (just to give a few examples).

I am very excited about some of the innovative ideas addressed by the members. My administration will continue to expand on any opportunities and possible private-public partnerships. Many of the good recommendations the Task Force made were budget items. I will look carefully at these items in the context of the next budget. Again, thank you for helping me to improve oral health services to the children of Wisconsin and all Wisconsin residents.

Sincerely,



Jim Doyle
Governor